

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026889

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 129

FILED JUL 30 1962

1. PLACE OF DEATH

a. COUNTY **Howell**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **West Plains** Length of stay in lb
2 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **West Plains Memorial** Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Ozark**

c. CITY OR TOWN **Sycamore** Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Clifford F. Rideout

4. DATE OF DEATH Month Day Year
July 24 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
5-12-1895 67 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Own Farm

11. BIRTHPLACE (City and state or country)
State of Ill.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Unknown

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Rose Rideout

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO. 17. INFORMANT Address
Records of Co. Wellfare Office

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis
Auricular Fibrillation
Arteriosclerotic Heart Dis.

INTERVAL BETWEEN ONSET AND DEATH
8 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **7-22-62** to **7-24-1962** and last saw him alive on **7-23-62**
Death occurred at **4:15 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Jack M. Wilcox, M.D.** 22b. ADDRESS **West Plains, Mo.** 22c. DATE SIGNED **7-26-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **7-24-62** 23c. NAME OF CEMETERY OR CREMATORY **Gainesville Cemetery** 23d. LOCATION (City, town, or county) (State) **Gainesville, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Clinkingbeard Funeral H. Gainesville.** 25. DATE RECD. BY LOCAL REG. **7-28-62** 26. REGISTRAR'S SIGNATURE **Beatrice Cook**

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 **0465**
2 **0770-**
3
4 **0**
5 **1**
6
7 **1**
8 **2**
9 **4200**
10
11
12 **5-0**
13 **1-0**

Permit Not Obtained

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.